PLEASE TYPE OR PRINT		Entered previous May Show		
		Fe yes □ no		
☐ Ms.				
Mr. Artist				
Permanent .		(Last Name Last)		
Address 47		ST. KENT		
Stree		City		
44240	Tel. (216	678-0185		
Zip	Area Code			
Temporary or Studio Address				
	reet	City		
	Tel. ()			
Zip	Area Code			
		ne of the counties of the ty were you born?		
Collaborator				
	(If Any)			
If May Show entri	es are not acce	epted or not sold:		
Artist will pick up at Museum.				
☐ Museum shou				
Museum shou to this addr		t at artist's expense		
Special Instruction	18			
When necessary in	clude below in	nstructions or a drawing of		

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

DO NOT DETACH

1984 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



TOM LEHNERT

Name

475 DANSEL STREET

Address

KENT, OHIO

44240

City & State

Zip

is is your only receipt to claim your object(s

2 ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Crafts				
Title				

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